IMPROVE NEEDS ASSESSMENT FOR NEWLY DIAGNOSED BRAIN TUMOR PATIENTS ACROSS THEIR CONTINUUM OF CARE

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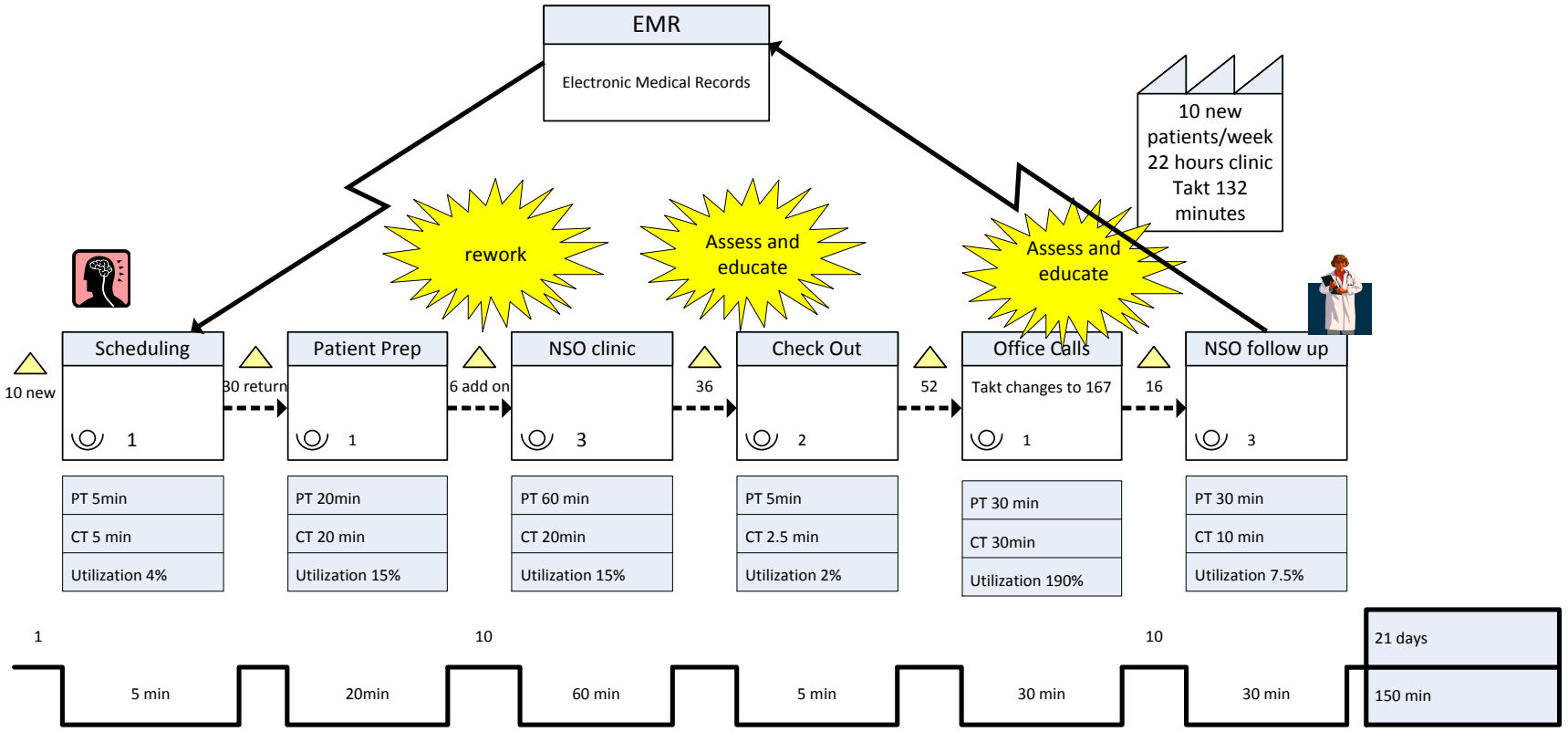
PROBLEM STATEMENT

The ambulatory clinic process for a newly diagnosed brain tumor patient to start treatment has an average lead time of 21 days. Education materials and complete care plans are variable and inconsistently provided to patients resulting in much rework and distress.

BACKGROUND

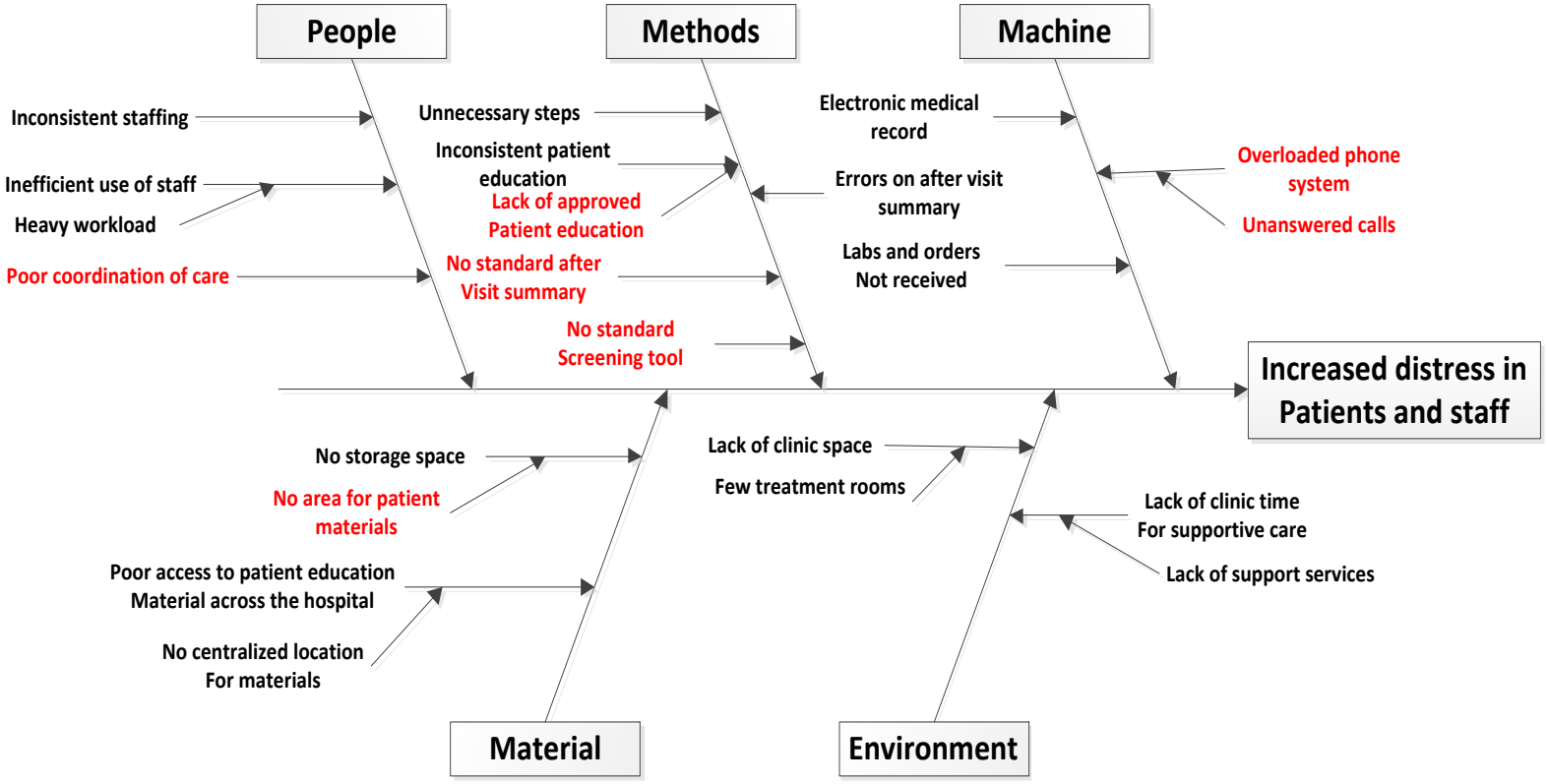
-10 newly diagnosed brain tumor patients seen each week in the ambulatory Neuro-Oncology clinic
-Allotted 1 hour new patient visit inadequate time to address all the required information (health history, diagnosis, treatment options, clinical trials, patient education, complete assessment of needs)
-Lead time for 1st clinic visit and follow up for start of treatment is an average of 21 days
-9% of the190 patients self-reporting distress were referred for further assessment and intervention



PROBLEM ANALYSIS

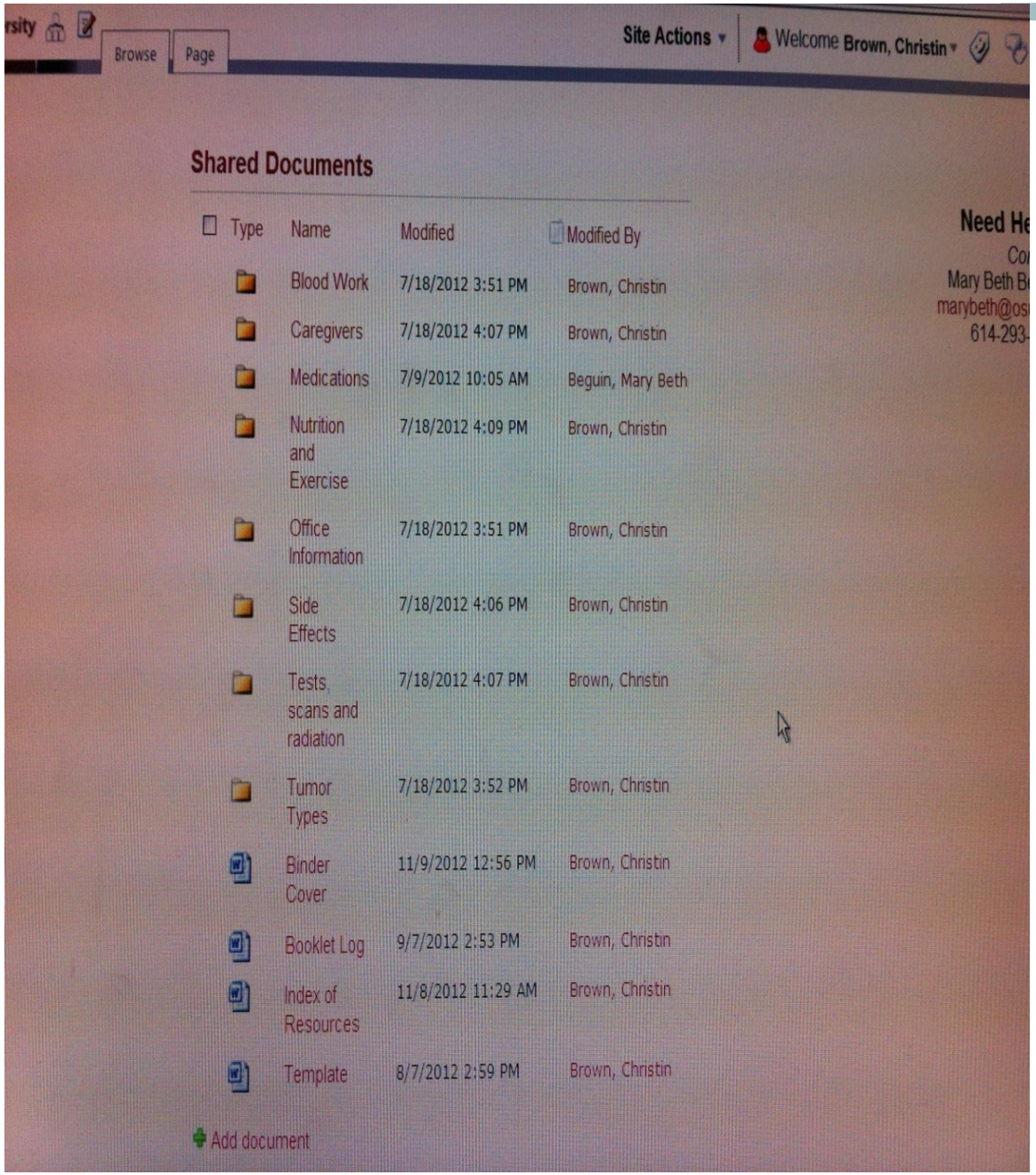
Potential strategies for improvement:

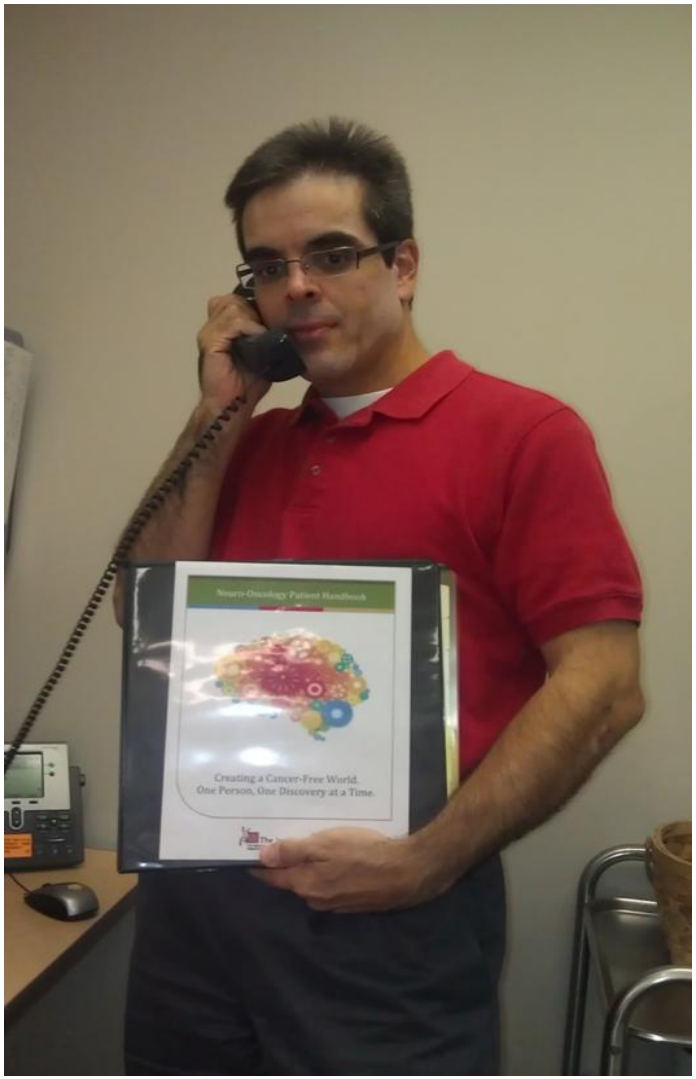
1. Establish patient distress screening tools that are approved and validated
2. 5S patient education materials and areas
3. Standardize patient education materials
4. Standardize care coordination pathways
5. Implement online collaboration site to consolidate education materials and reduce variation
6. Standardize patient after visit summary for the ambulatory clinic
7. Establish process flow to nurse practitioner run clinic



Patient Education before 5S

Patient Education after 5S

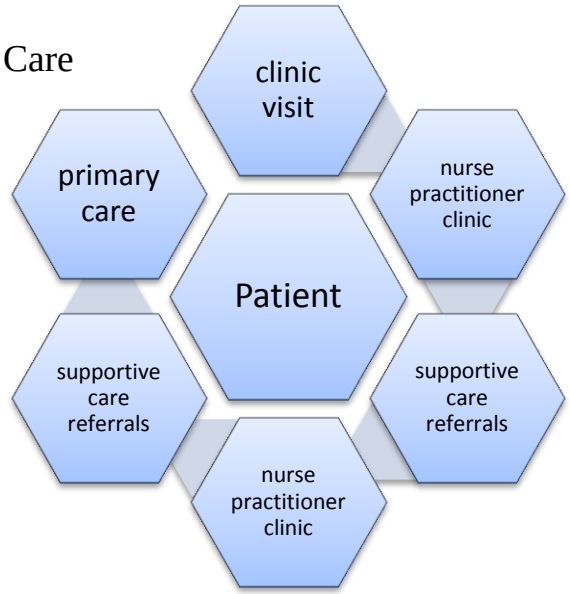




Success

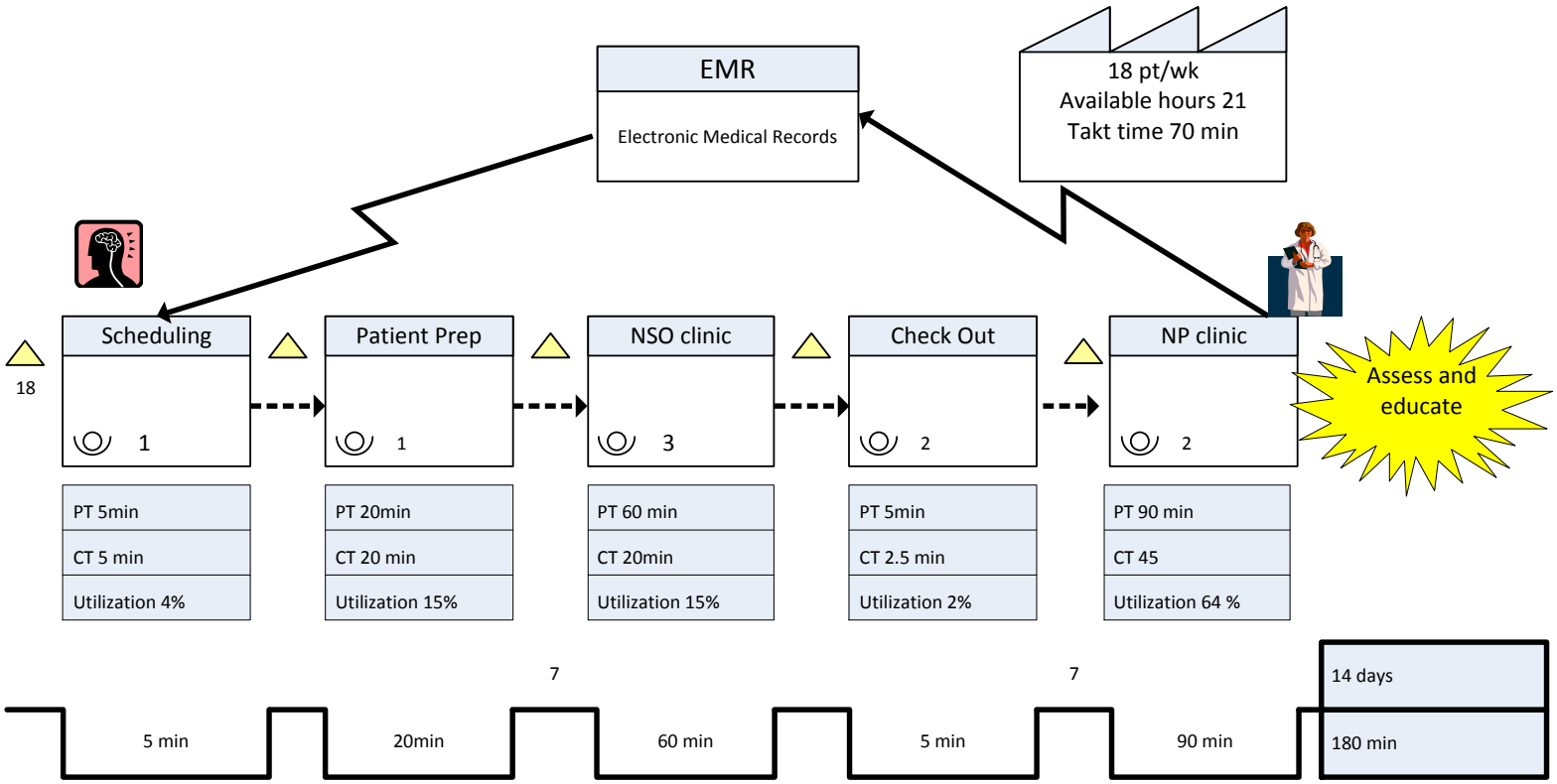
1. Stabilized and standardized the patient after visit summary
2. Created a nurse practitioner run clinic
3. Established patient flow, standards and guidelines for the nurse practitioner clinic
4. Established a standard for administering patient self screening assessment for our clinic AND the thoracic survivorship clinic (becoming the benchmark)
5. Administering patient needs assessments went from 190 pt. > 9 months to 160 pt. > 7 weeks
6. Standardized referral process for identified patient distresses
7. Reduced lead time from diagnosis (first clinic visit) to treatment from 21 days to 14 days

Patient Centered Care



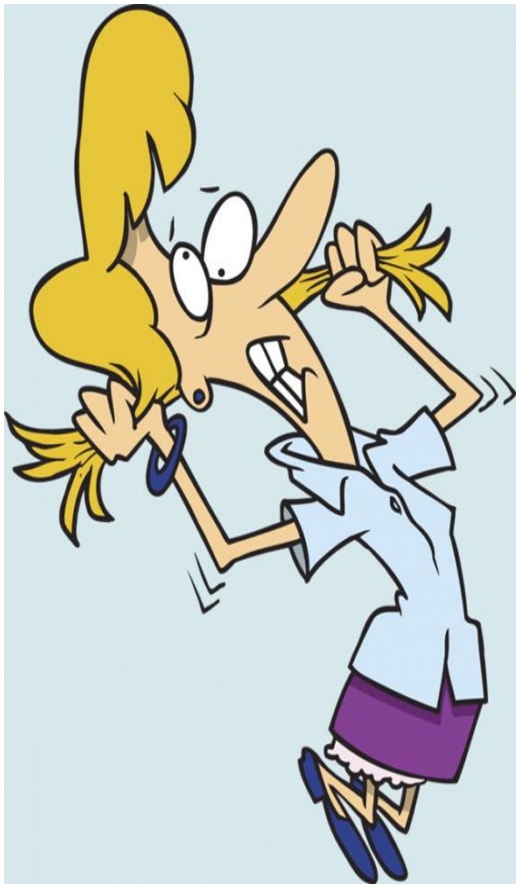
Future VSM

Lead time from diagnosis (1st clinic visit) to treatment went from 21 days to 14 days



Obstacles

1. Lack of dedicated time for working with the team
2. Team support
3. Leadership change
4. System constraints
5. Process ownership
6. Poor, delayed or no use of metrics as a baseline for understanding VOC
7. Neuro-oncology treatment team all under different managers
8. Culture change



Key Learning's

1. Available resources
2. Better understanding of the process through VSM, root cause analysis, measuring results and developing standard work
    a. role definition
    b. patient assessment
    c. care management
3. Communication
4. Patient Education manuals
5. After Visit Summary
6. Continuity of care with discharge planning
7. Bi-monthly team meetings
8. Team now requesting work to start on various processes

Work in Process

1. Work with IT to administer distress screening on tablets
2. Write patient education materials as needed
3. Write standard work for patient care pathways
4. Operations council meetings
5. Continue bi-monthly team meetings for monitoring progress and data
6. Centralized call center for scheduling

Neuro-Oncology
Treatment team

- Dr. Robert Cavaliere-Sponsor
- Leslie Ray, PharmD, BCOP
- Heather Cunningham, CNP
- Judy Lima, CNP
- Danette Birkhimer, CNS
- Julie Winland, BSN, MS, RN, OCN
- Sherry Cavezza, RN
- Christin Brown, LSW, RN, OCN
- Emily Porensky, Ph.D., Psychosocial Oncology
- Danielle Crawford, MSW, LISW
- Deanne Valentine, Administrative Assistant